FEB 2 3 2012 Undergibe Pa

COPY OF PAPERS ORIGINALLY FILED #3

PTO/SB/01A (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

e Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number

## ÉCLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention RHODOCOCCUS CLONING AND EXPRESSION VECTORS						
As the below named inventor(s), I/we declare that:						
This declaration is directed to:						
	☐ The attached application, or					
	Application No. 10/007,527, filed on DECEMBER 5, 2001,					
	as amended on (if applicable);					
I/we believe that I/which a patent is so	we am/are the original and first inventor(s) of the subject matter which is claimed and for bught;					
I/we have reviewe amended by any a	d and understand the contents of the above-identified application, including the claims, as mendment specifically referred to above;					
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVENTOR(S)						
Inventor one:	MICHAEL G. BRAMUCCI					
Signature: ( <u>M</u>	chalf. Bromuch Citizen of: UNITED STATES					
Inventor two:	DIONG CHENG					
Signature:						
Signature. —	Citizen of: PR CHINA					
· ·	Citizen of: PR CHINA  KRISTY N. KOSTICHKA					
· ·						
Inventor three:	KRISTY N. KOSTICHKA					
Inventor three:	KRISTY N. KOSTICHKA  [KRISTY N. KOSTICHKA  UNITED STATES					

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Papework Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

7	
	FOWER OF ATTORNEY OR
E.	
B	AUTHORIZATION OF AGENT
٠.	HALLED

13

Application Number	10/007,527
Filing Date	DECEMBER 5, 2001
First Named Invent r	BRAMUCCI ET AL.
Title	RHODOCOCCUS CLONING AND EXPRESSION VECTORS
Group Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	CL1709 US NA

I hereby appoint:  ☑ Practitioners at Customer Number  OR  ☑ Practitioner(s) named below:  Name Registration Number S. NEIL FELTHAM 36,506  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  ☑ The above-mentioned Customer Number  OR  ☐ Practioners at Customer Number  OR  ☐ Pilim or Individual Name  Address  City  Country  Telephone Fax  I am the:  ☒ Applicant/Inventor.						
OR  Practitioner(s) named below:  Name Registration Number S. NEIL FELTHAM 36,506  as my/our attomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number OR Practioners at Customer Number OR Practioners at Customer Number OR State ZIP Country Telephone Fax  Lam the:						
Name Registration Number  S. NEIL FELTHAM 36,506  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Primm or Individual Name  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
Name Registration Number  S. NEIL FELTHAM 36,506  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
S. NEIL FELTHAM  36,506  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Firm or Individual Name  Address  City  State  ZIP  Country  Telephone  Fax  Lam the:						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:    The above-mentioned Customer Number						
United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:  The above-mentioned Customer Number  OR  Practioners at Customer Number  OR  Individual Name  Address  Address  City  State  ZIP  Country  Telephone  Fax  I am the:						
The above-mentioned Customer Number  OR  □ Practioners at Customer Number  OR  □ Firm or Individual Name  Address  City  Country  Telephone  I am the:						
OR Practioners at Customer Number  OR  Firm or Individual Name  Address  City  Country  Telephone  I am the:						
OR						
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:						
Firm or Individual Name  Address  Address  City State ZIP  Country  Telephone Fax  I am the:						
Individual Name Address Address City State ZIP Country Telephone Fax						
Address  City State ZIP  Country  Telephone Fax  I am the:						
City State ZIP Country Telephone Fax						
Country Telephone Fax I am the:						
Telephone Fax I am the:						
I am the:						
_						
Applicant/Inventor.						
<del>-</del> ··						
Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name KRISTY N. KOSTICHKA						
Signature / Co A / Co Dry						
Date (/30/02						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  Submit multiple forms if more than on signature is r quired, see below*.						
Total of 4 forms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**BEST AVAILABLE COPY** 

COPY OF PAPERS Please type a plus sign (+) inside this box Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. 10/007,527 Applicati n Number **DECEMBER 5, 2001** EB 5 8 5005 **Filing Date** BRAMUCCI ET AL. First Named Invent r RHODOCOCCUS CLONING AND EXPRESSION Title **VECTORS** UNKNOWN **Group Art Unit** UNKNOWN **Examiner Name CL1709 US NA** Attorney Docket Number

I hereby app				ı			
_	ers at Cust	omer Number	23906		PATENT TRADE	MARK OFFICE	
OR							
☑ Practition	er(s) name	d below:		<del>_</del>			
		Name		Registration Number			
		S. NEIL FEL	THAM	36	6,506 		
					***		
						_	
as my/ United	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please char	nge the con	respondence addre	ss for the above-identi	fied application to:			
_	ve-mention	ed Customer Num	ber		e, the area asserting	thomas and Carlottellan and a state of	
OR				<b>—</b>	Place Bar Coo	le Label Here	
Praction OR	iers at Cust	omer Number			(2) 1 July 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	are attribution of the state of	
☐ Firm <i>or</i> Individu	al Name						
Address							
Address		· · · · · ·			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
City			s	tate	ZIP		
Country							
Telephone				Fax			
I am the:	_						
	cant/Invento						
			rest. See 37 CFR 3.7 anclosed. (Form PTO/S		<u> </u>		
		SIG	NATURE of Applican	t or Assignee of Re	ecord		
Name	QIONG	CHENG					
Signature	(	9 C	5				
Date		1/30/02					
NOTE: Sign Submit mult	atures fa	Il the inventors or	assignees of record signature is required,	of the ntire interes	st or their representa	ative(s) are required.	
Total of	4 forms are	submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box  Approved for use through 10/3  U.S. Patent and Trademark Office; U.S. DEPART  Under the Paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a value of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of the paperwork Reduction AGO 1995, no persons are required to respond to a collection of the paperwork Reduction AGO 1995, no persons ar	PTO/SB/81 (02-01)					
Approved for use through 10/3 U.S. Patent and Trademark Office; U.S. DEPART Under the Peperwork Reduction AGO 1995, no persons are required to respond to a collection of information unless it contains a va	PTO/SB/81 (02-01)					
U.S. Patent and Trademark Office; U.S. DEPART Under the Paperwork Reduction ACO 1995, no persons are required to respond to a collection of information unless it contains a va	1/2002, OMB 0651-0035					
40,007 527	MENT OF COMMERCE					
FEB 2 8 2002 W Applicati n Number 10/007,527	10/007,527					
Filing Date DECEMBER 5, 2001						
POWER OF ATTORNEY OR First Named Invent r BRAMUCCI ET AL.						
AUTHORIZACIÓN OF AGENT  Title RHODOCOCCUS CLONING VECTORS	S AND EXPRESSION					
Group Art Unit UNKNOWN						
Examiner Name UNKNOWN	UNKNOWN					
Attorney Docket Number CL1709 US NA						
I hereby appoint:  ☑ Practitioners at Customer Number  OR  ☑ Practitioner(s) named below:	EMARK OFFICE					
S. NEIL FELTHAM 36,506						
	· ·					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all bu United States Patent and Trademark Office connected therewith.  Please change the correspondence address for the above-identified application to:						
☑ The above-mentioned Customer Number						
OR COR						
	de Label Here					
Place Bar Co						
☐ Practioners at Customer Number ☐ Place Bar Co						
Practioners at Customer Number  OR  Firm or						
Practioners at Customer Number  OR  Firm or Individual Name  Address	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  Address						
Practioners at Customer Number  OR  Firm or Individual Name  Address  City  State  ZIP	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City  State  ZIP  Country	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  ☑ Applicant/Inventor.	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:	N					
Practioners at Customer Number  OR  □ Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  ☑ Applicant/Inventor.  □ Assignee of record of the entire interest. See 37 CFR 3.71.	N					
Practioners at Customer Number  OR  □ Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  ☑ Applicant/Inventor.  □ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  ☑ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record	N					
Practioners at Customer Number  OR  Firm or Individual Name  Address  City State ZIP  Country  Telephone Fax  I am the:  ☑ Applicant/Inventor.  ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name MICHAEL G. BRAMUCCI	N					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Submit multiple forms if more than one signature is required, see below\*.

\*Total of 4 forms are submitted.

•	C(	OPY OF PAI RIGINALLY	PERS.		
Please type a plus sign (+) inside this box	$\pm$			PTO/SB/81 (02-01)	
Approved for use through 10/31/2002. OMB 0651-0035  U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  Under the Paperwork Reduction of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.					
0.2007	Applicati n Number Filing Date First Named Inv nt r Title Group Art Unit Examiner Name		10/007,527		
FEB 2 8 2007Z 25			DECEMBER 5, 2001		
PRWER OF ATTORNEY OR			BRAMUCCI ET AL.  RHODOCOCCUS CLONING AND EXPRESSION VECTORS		
AUTHORIZATION OF AGENT					
AUTHORISE TO ACEIT			UNKNOWN		
· ·			UNKNOWN		
Attorney Do		ket Number	r CL1709 US NA		
I hereby appoint:  ☑ Practitioners at Customer Number  OR  ☑ Practitioner(s) named below:					
Name	Name		egistration Number		
S. NEIL FELTHAN	S. NEIL FELTHAM		36,506		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the

State

Fax

United States Patent and Trademark Office connected therewith.

Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

30 - 02

**JEAN-FRANCOIS TOMB** 

☐ Practioners at Customer Number

OR

Firm or

Address Address

Telephone I am the:

Name Signature Date

City Country

Individual Name

Applicant/Inventor.

Please change the correspondence address for the above-identified application to:

Submit multipl forms if more than one signature is required, see b low\*.

\*Total of 4 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

SIGNATURE of Applicant or Assignee of Record

ZIP

Place Bar Code Label Here